



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

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3. This Statement covers From: 1-31-06 to 7-25-08

1. Committee I.D. Number <u>137128</u>	4. Candidate Last Name <u>Rice</u> First Name <u>Michael</u> M.I. <u>H.</u>
2. Committee Name <u>CITIZENS FOR ETHICAL GOVERNMENT</u>	4a. Office Sought Including District # or Community Served (if applicable) <u>HARRISON TWP. TRUSTEE</u>
5. Committee's Mailing Address <u>31789 NORTH RIVER RD.</u> <u>HARRISON TWP. MI</u> <u>48045</u> Area Code and Phone <u>586-465-4253</u> If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.	4b. County of Residence <u>MACOMB</u>
7. Treasurer's Business Address <u>Same</u> Area Code and Phone _____	6. Treasurer's Name & Residential Address <u>MICHAEL H. Rice</u> <u>31789 NORTH RIVER RD.</u> <u>HARRISON TWP. MI</u> Area Code & Phone <u>586-465-4253</u>
9. TYPE OF STATEMENT 9a. <input checked="" type="checkbox"/> Pre-Election OR 9b. <input type="checkbox"/> Post-Election Pre-Election or Post-Election Statement relates to: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Convention <input type="checkbox"/> School <input type="checkbox"/> Special <input type="checkbox"/> Caucus Date of Election, Convention or Caucus _____	8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) <u>NA</u> Area Code and Phone _____ 9c. <input checked="" type="checkbox"/> Annual Statement (<u>08</u> Coverage Year) 9d. <input type="checkbox"/> Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended) 9e. <input type="checkbox"/> Dissolution of Candidate Committee Effective Date of Dissolution _____ By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver. Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.
A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.	
10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	
Current Treasurer or Designated Record keeper <u>MICHAEL H. Rice</u> Type or Print Name <u>Michael H. Rice</u> Signature <u>Michael H. Rice</u> Date <u>9-12-08</u>	
Candidate <u>MICHAEL H. Rice</u> Type or Print Name <u>Michael H. Rice</u> Signature <u>Michael H. Rice</u> Date <u>9-12-08</u>	